

FIG. 1

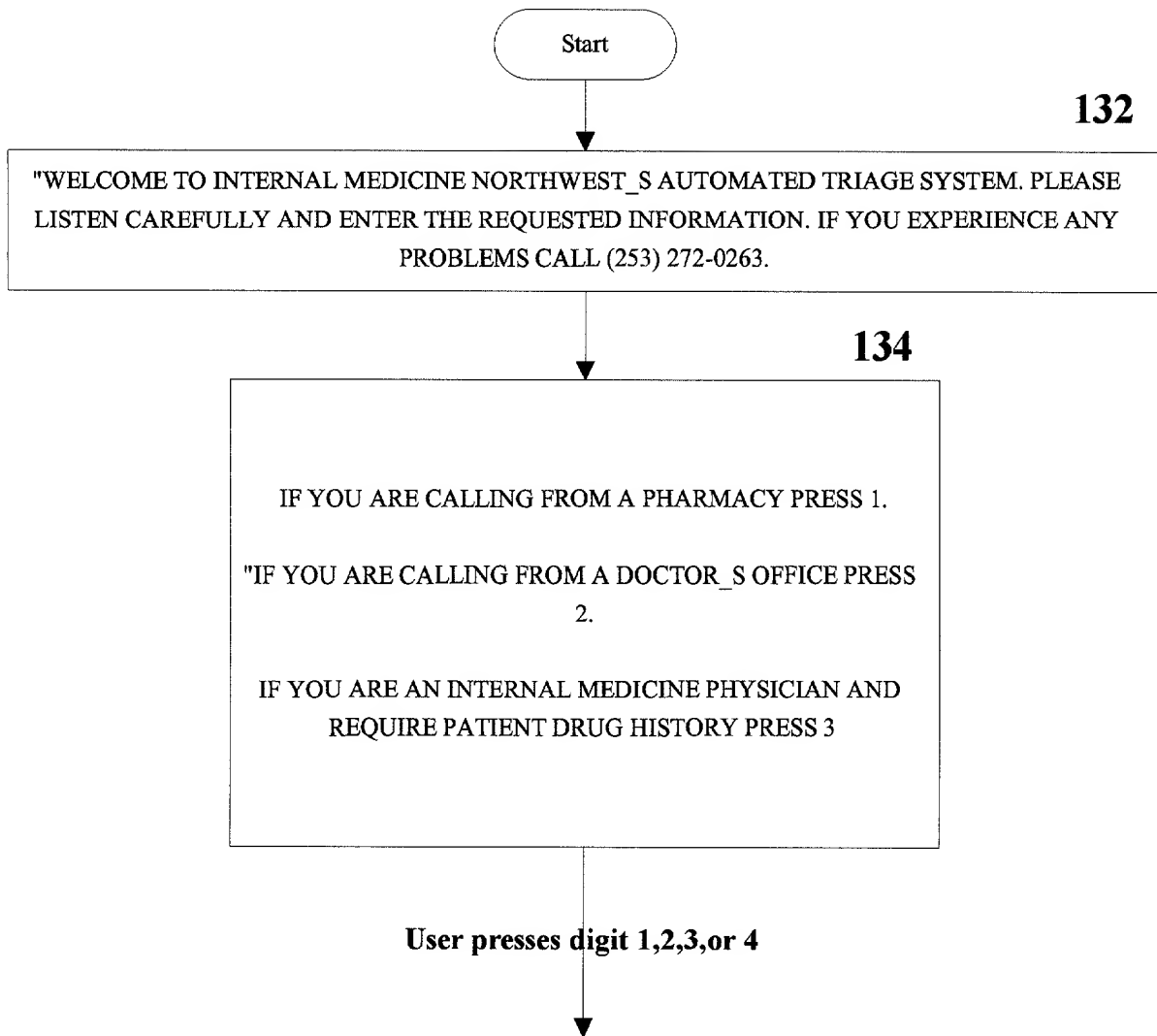


FIG. 2

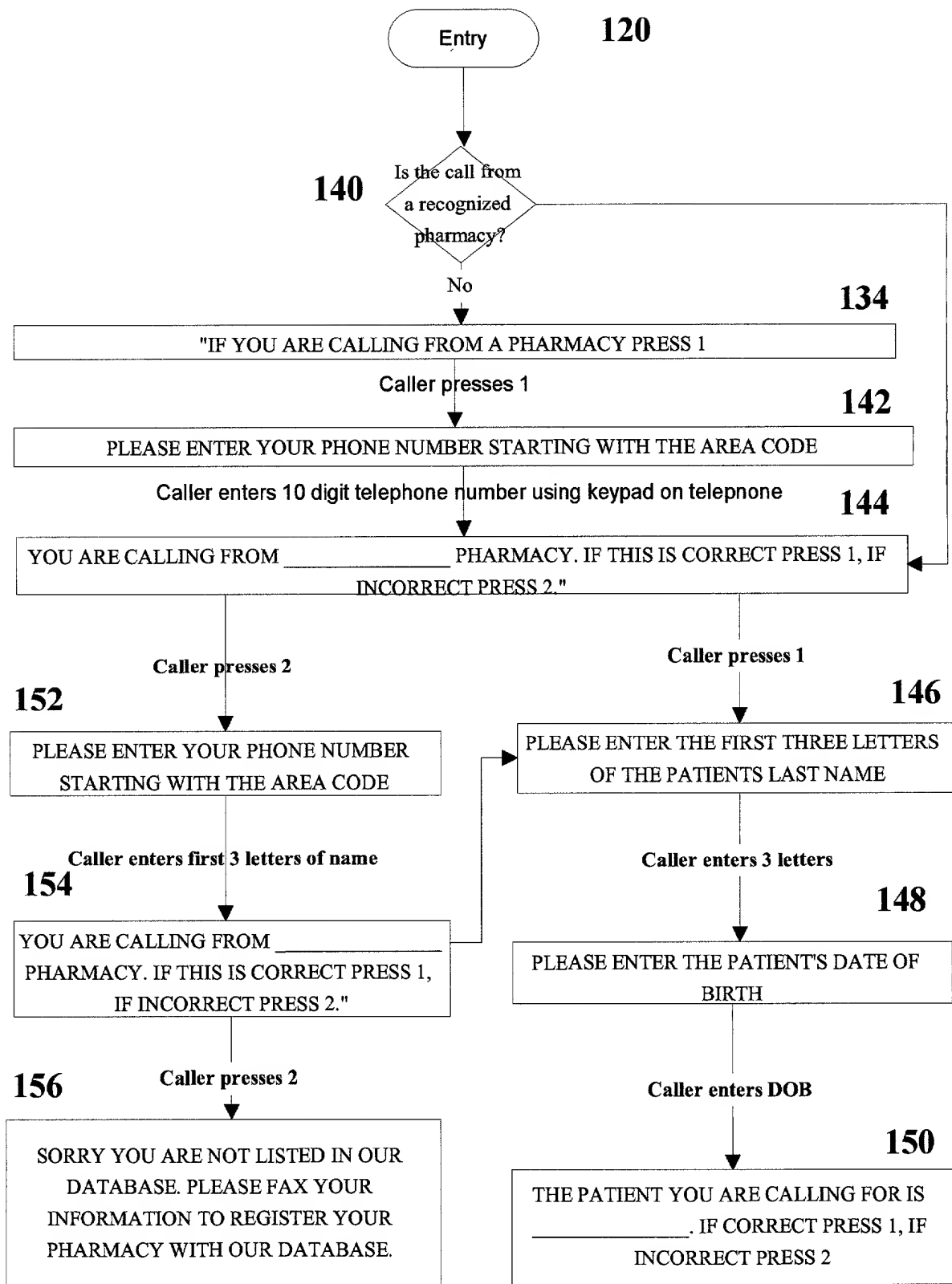


FIG. 3A1

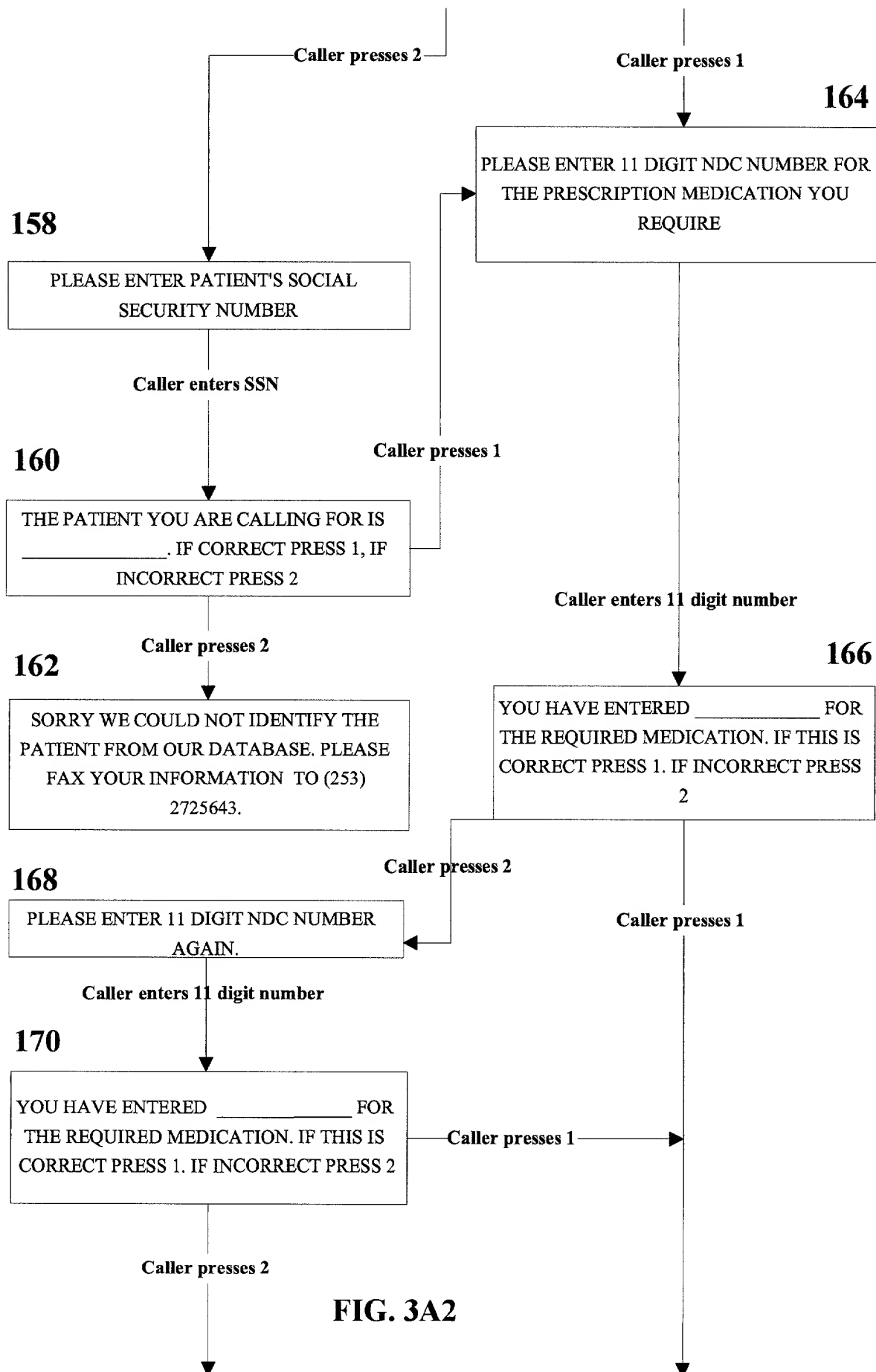


FIG. 3A2

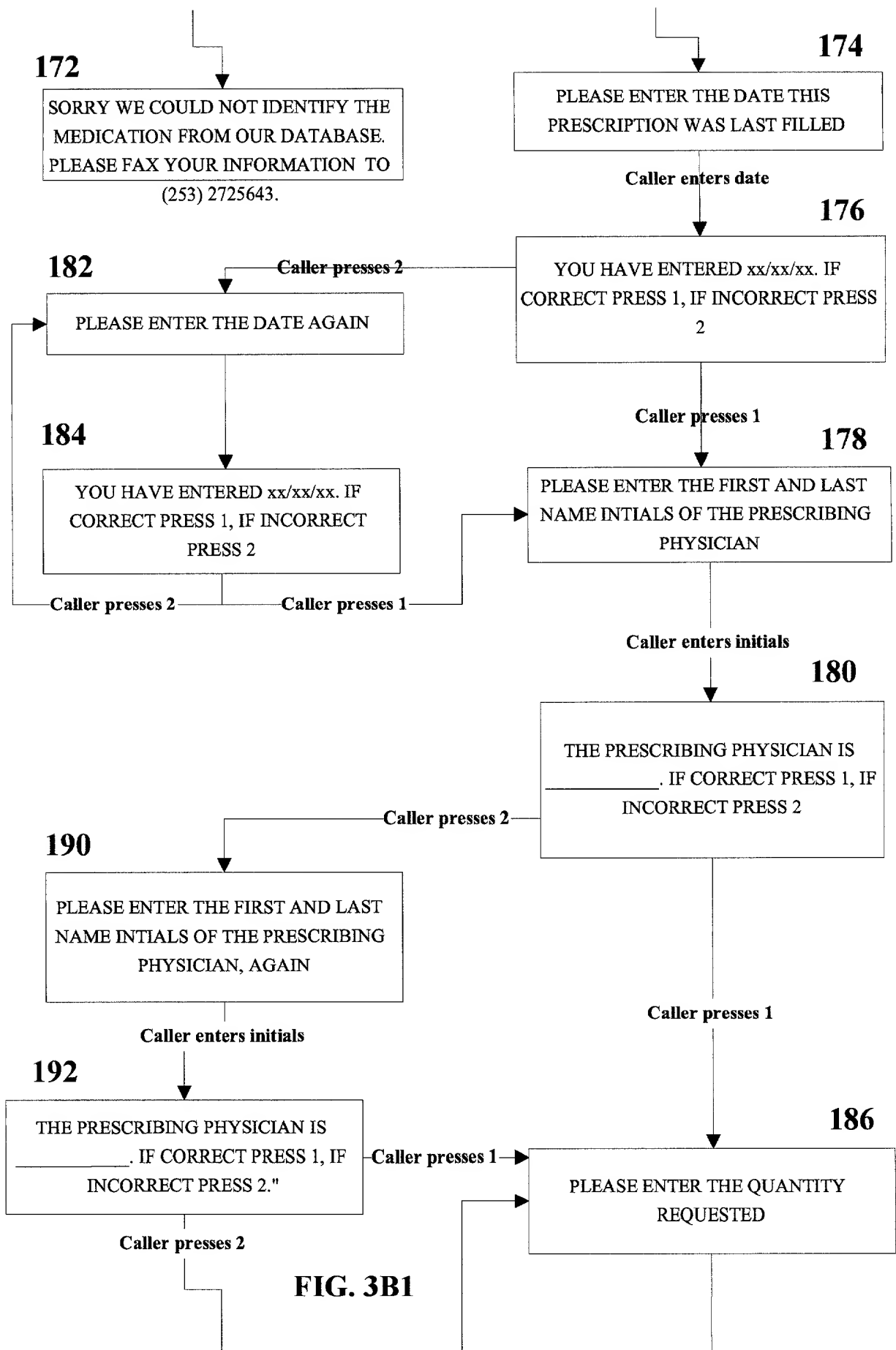


FIG. 3B1

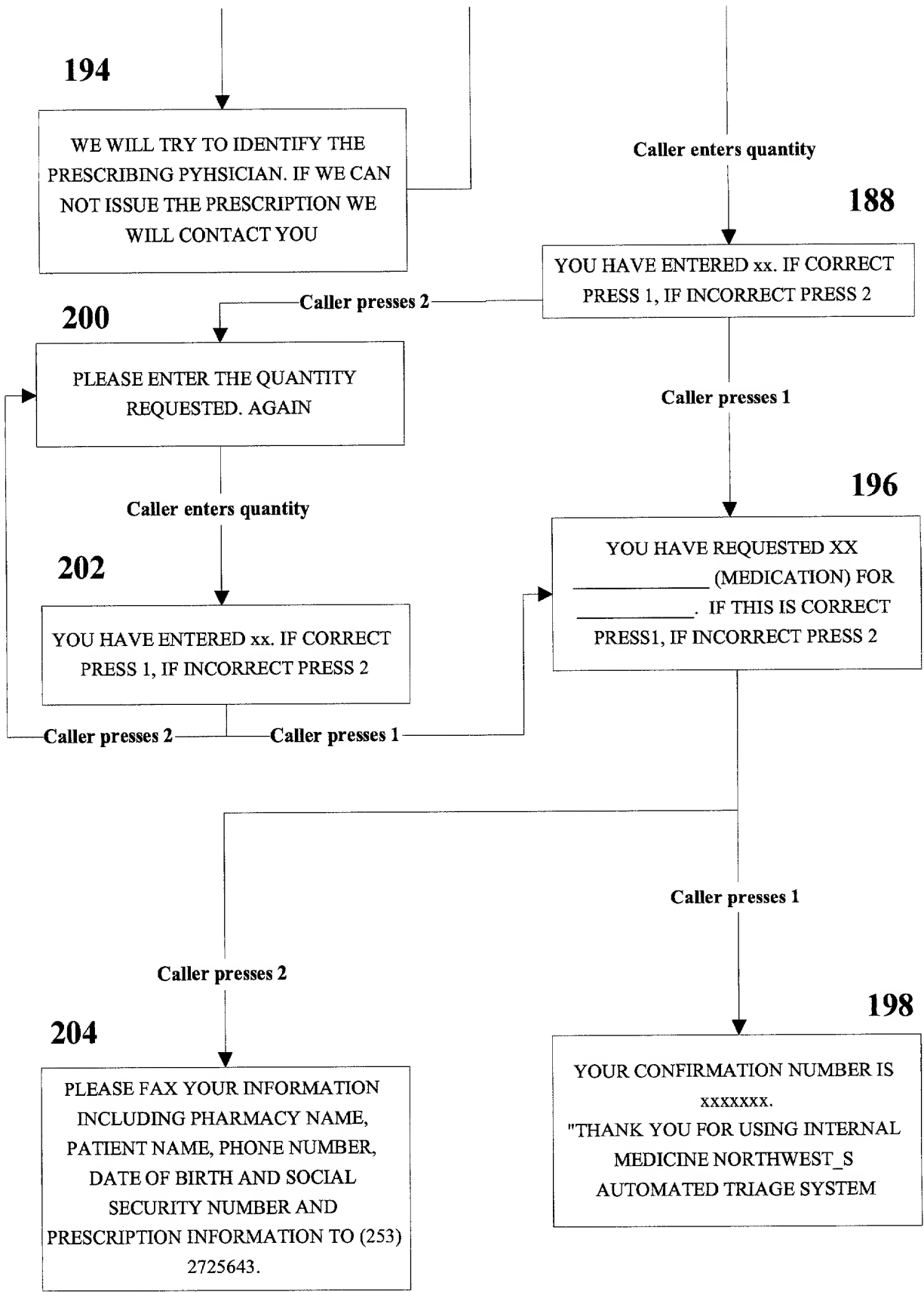


FIG. 3B2

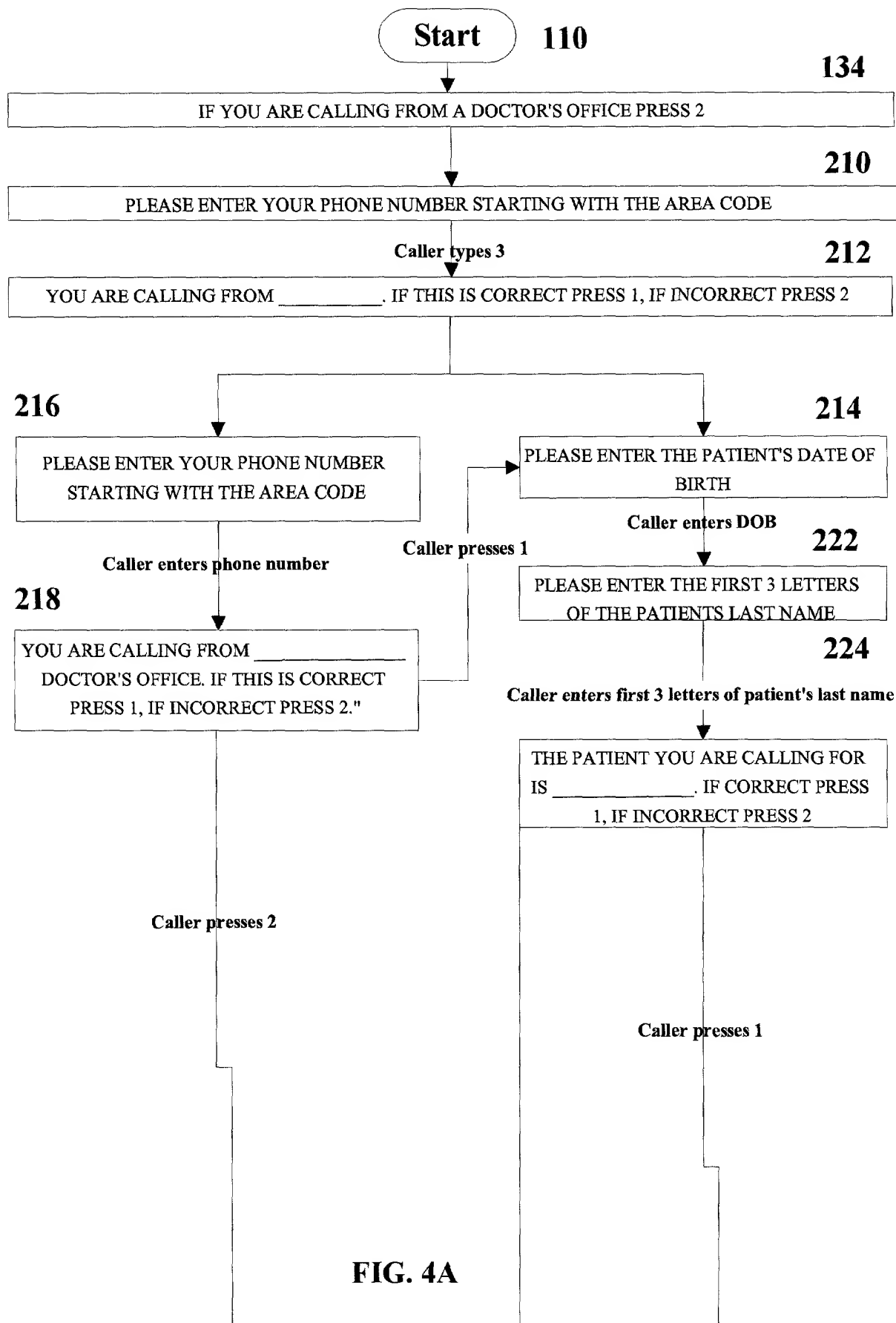


FIG. 4A

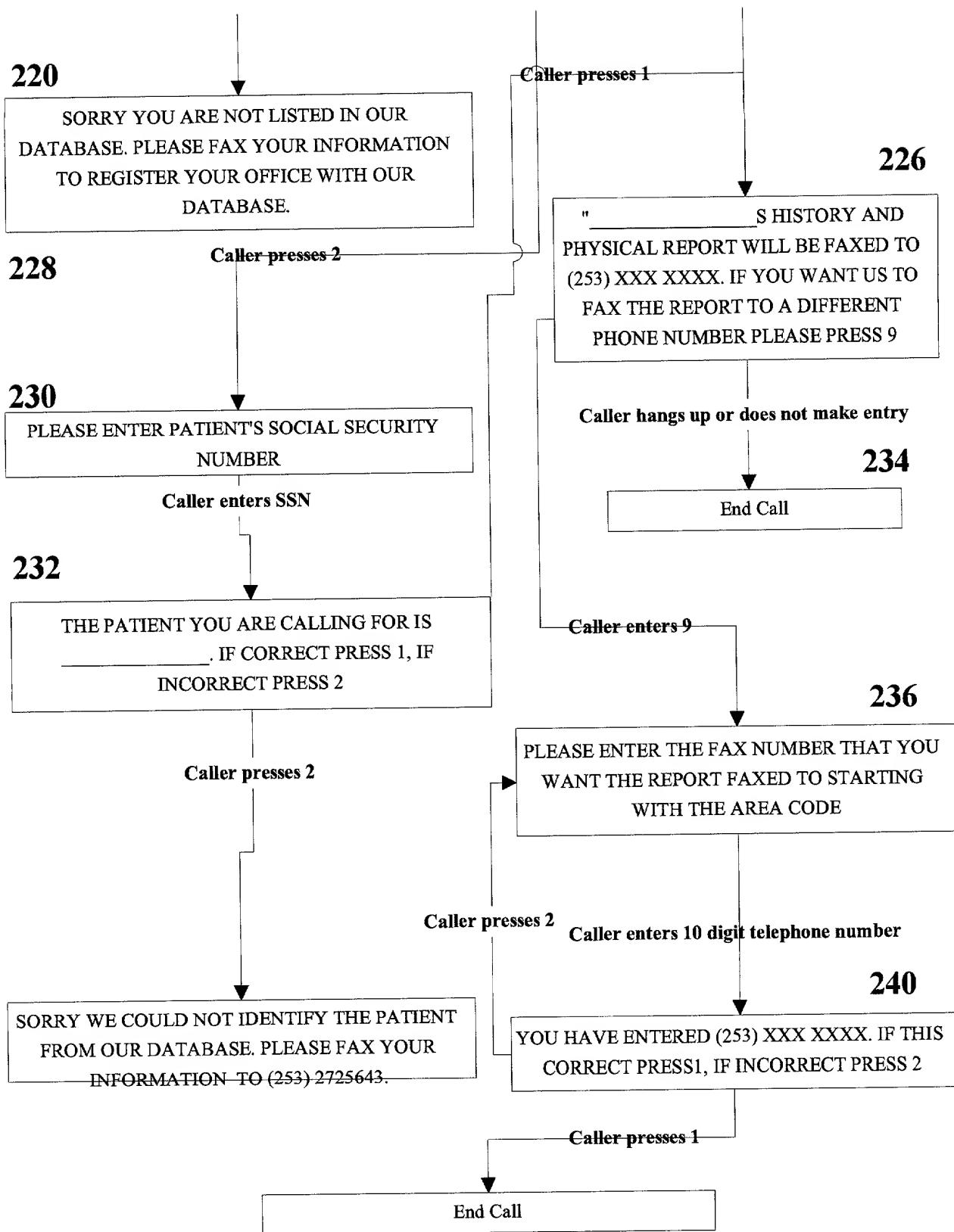


FIG. 4B

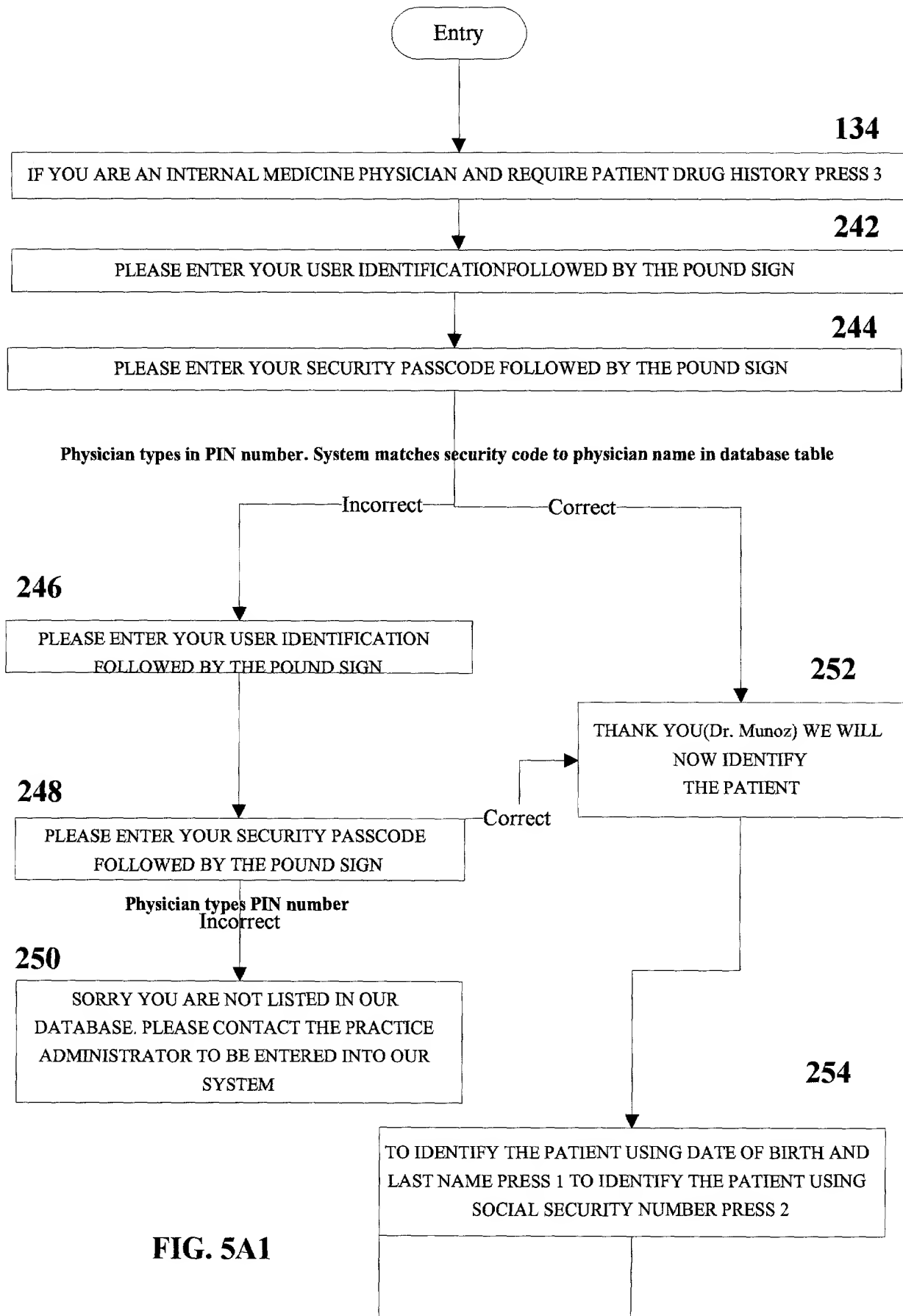


FIG. 5A1

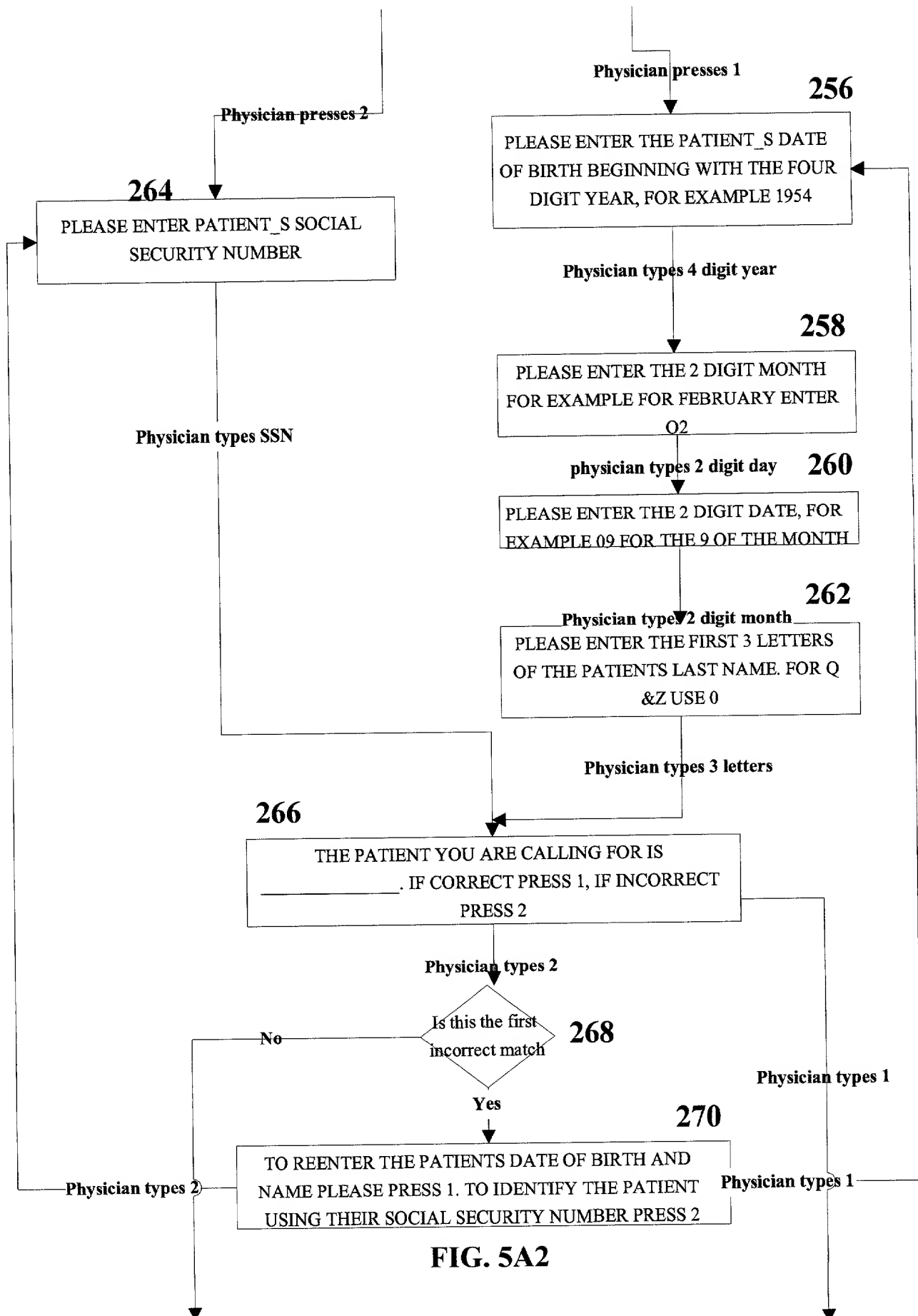


FIG. 5A2

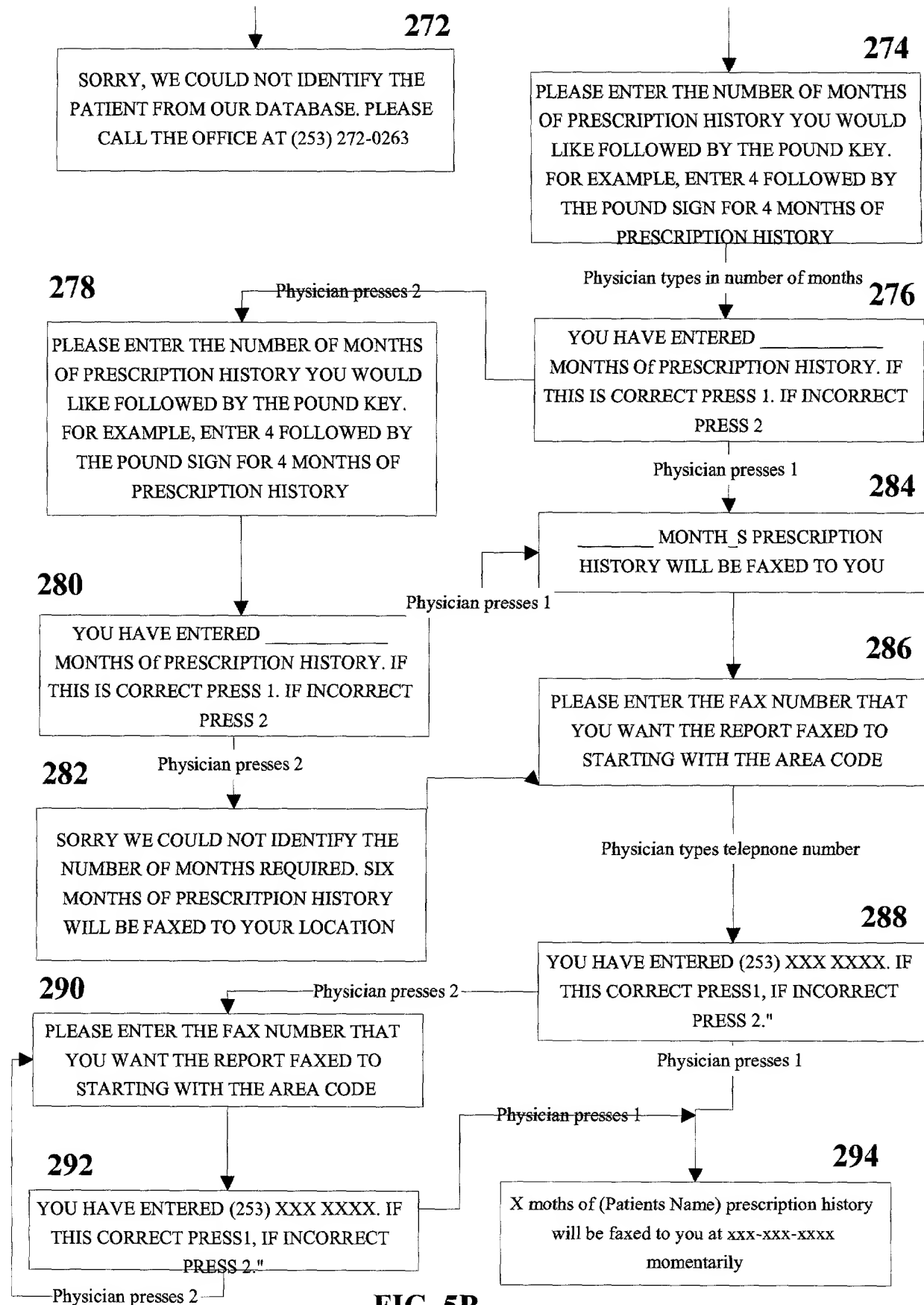


FIG. 5B

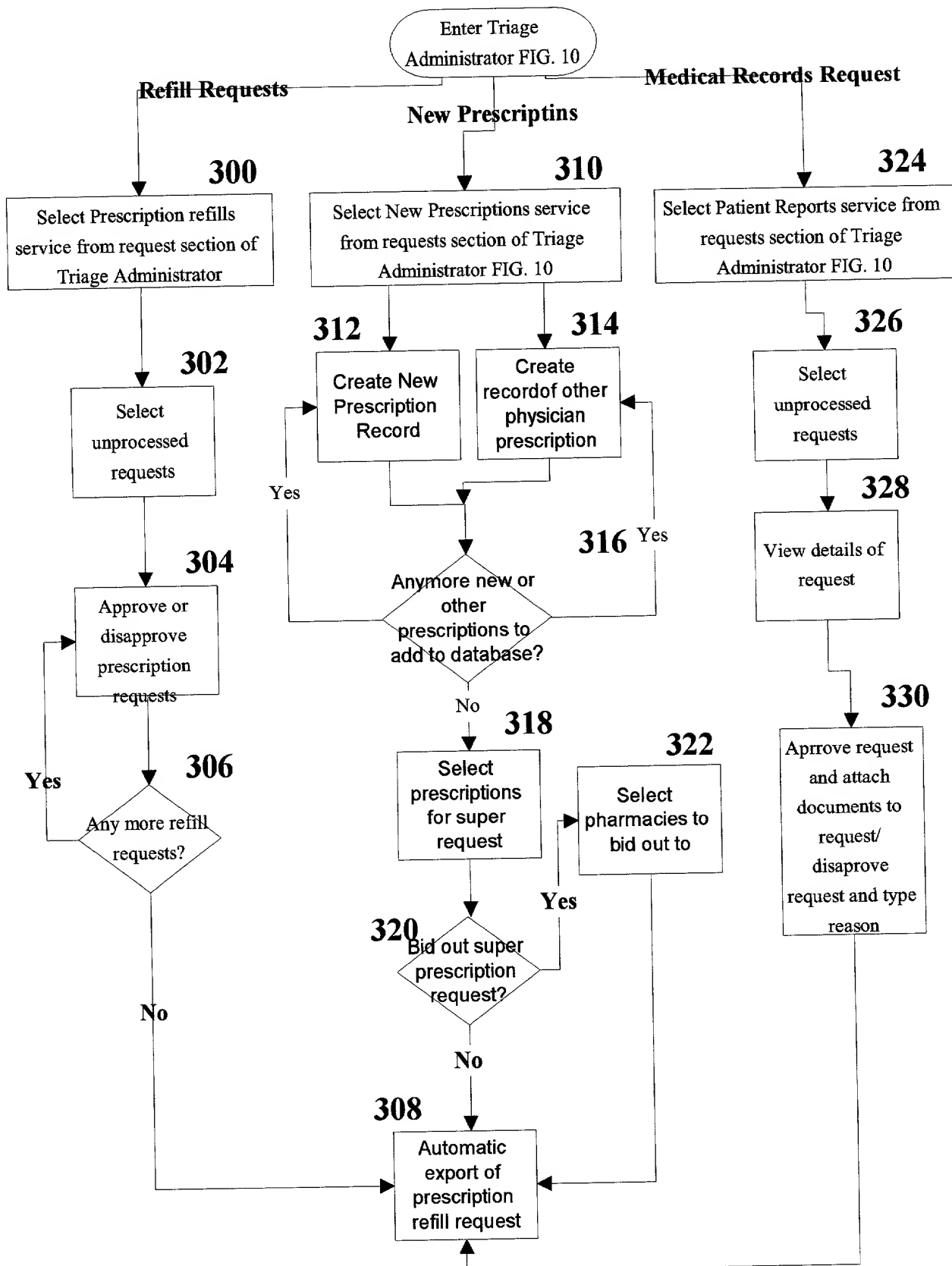


FIG. 6

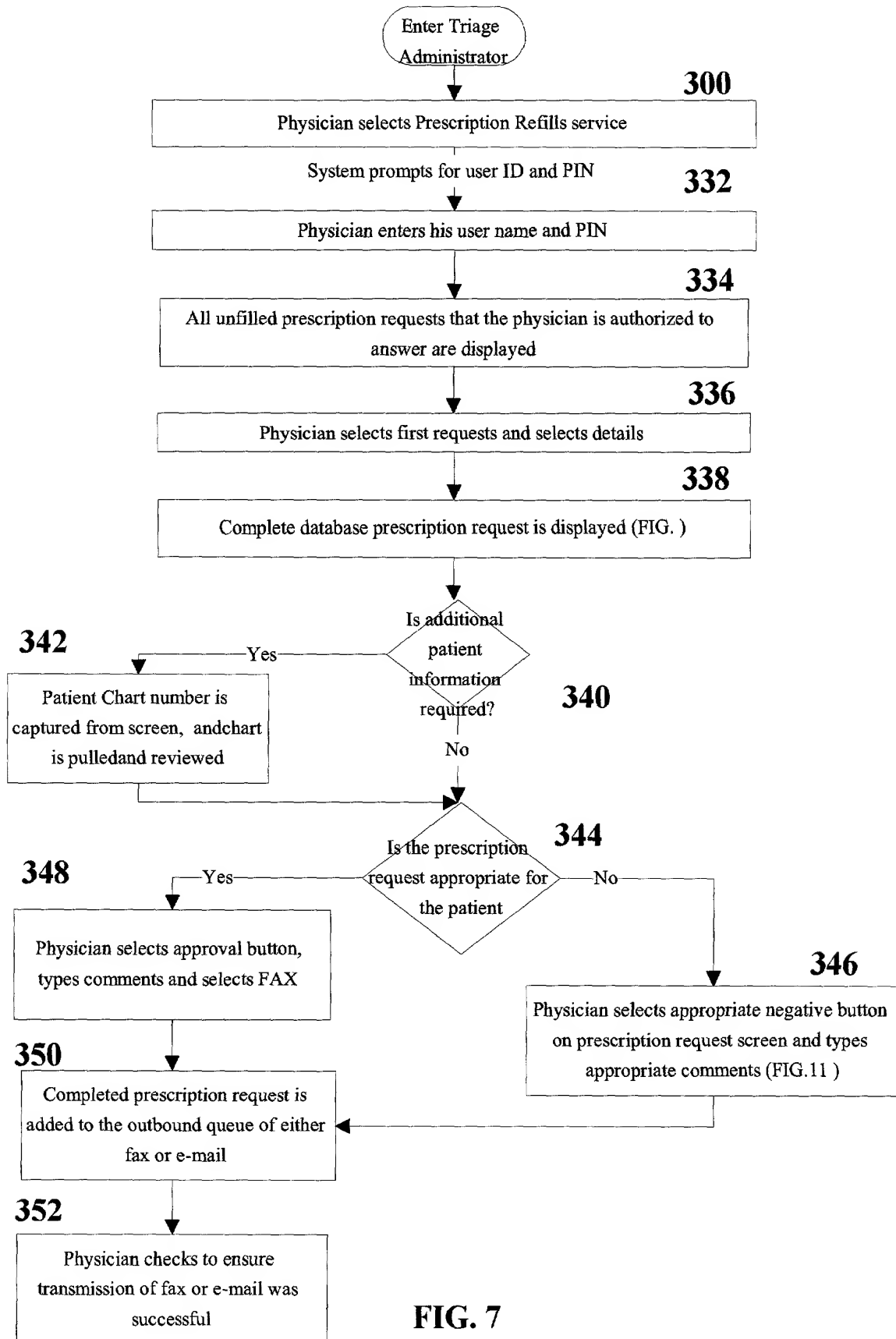


FIG. 7

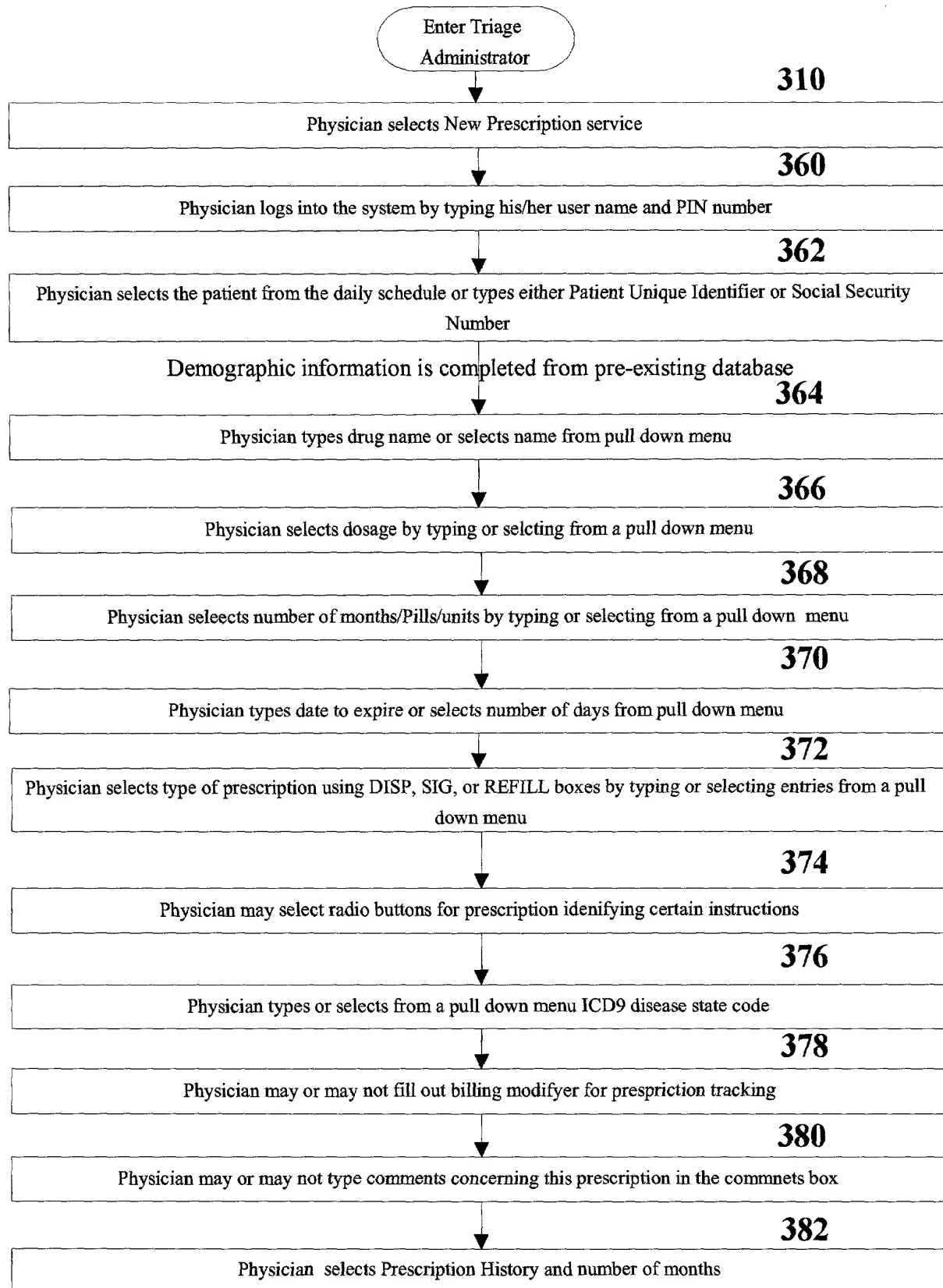


FIG. 8A

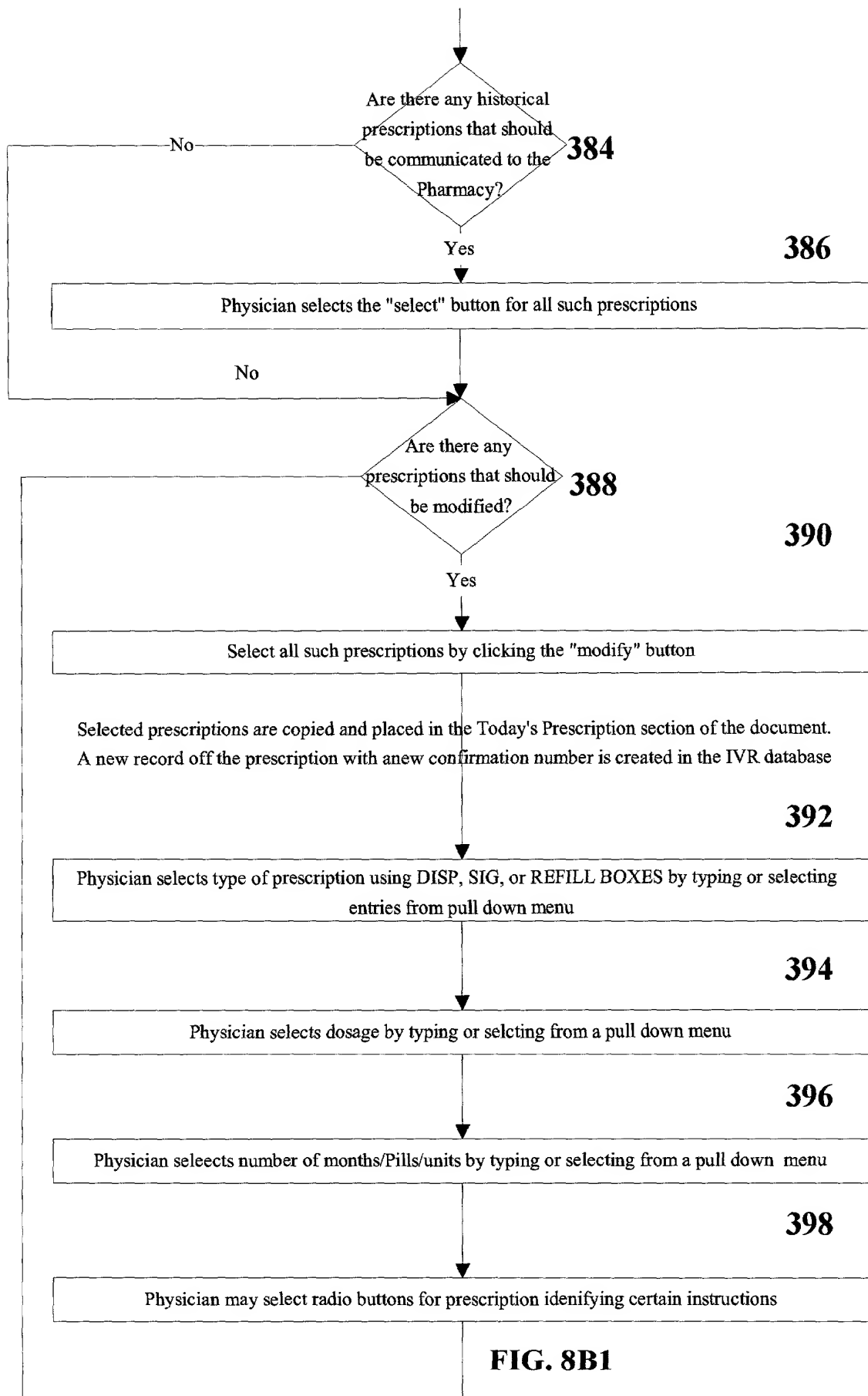


FIG. 8B1

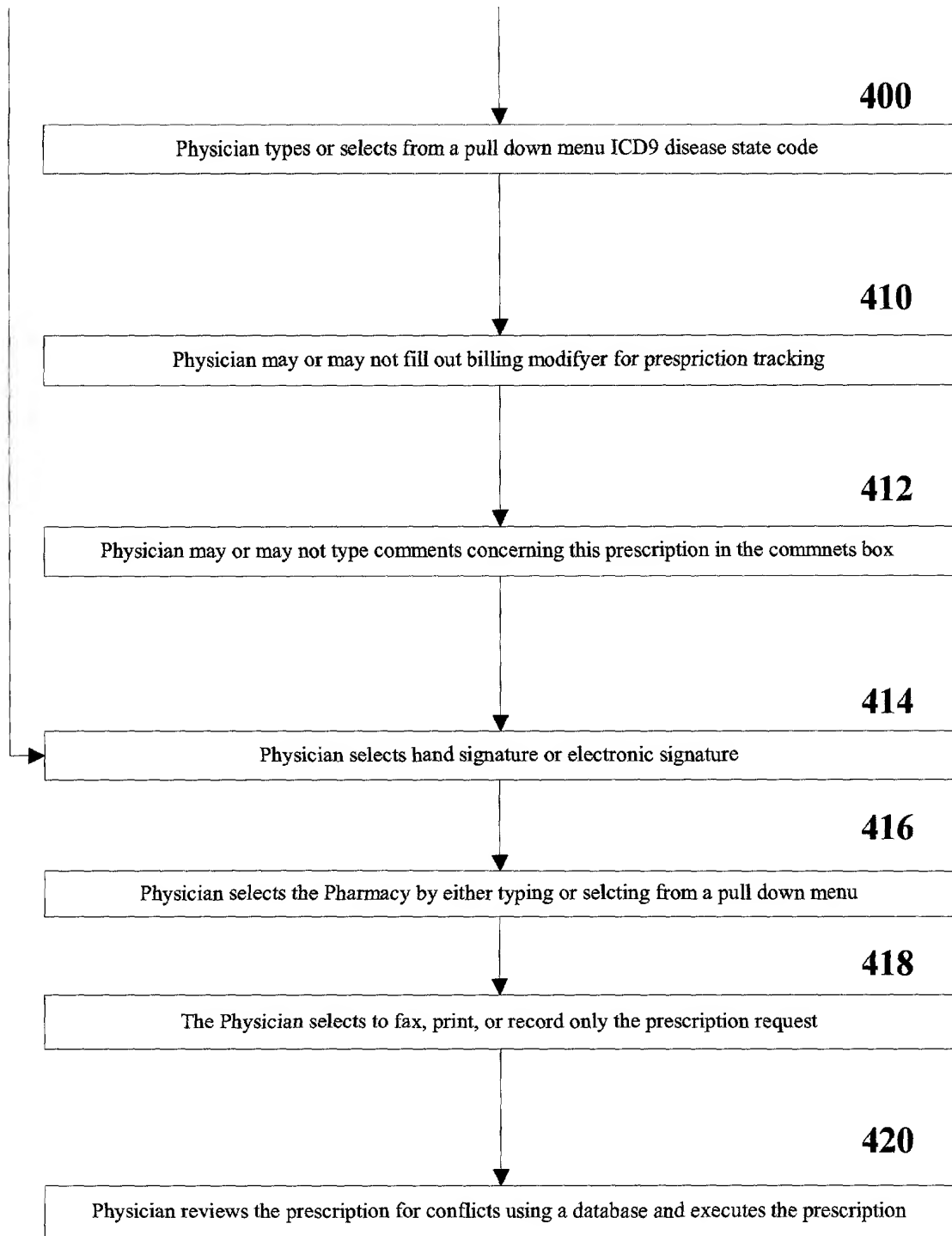


FIG. 8B2

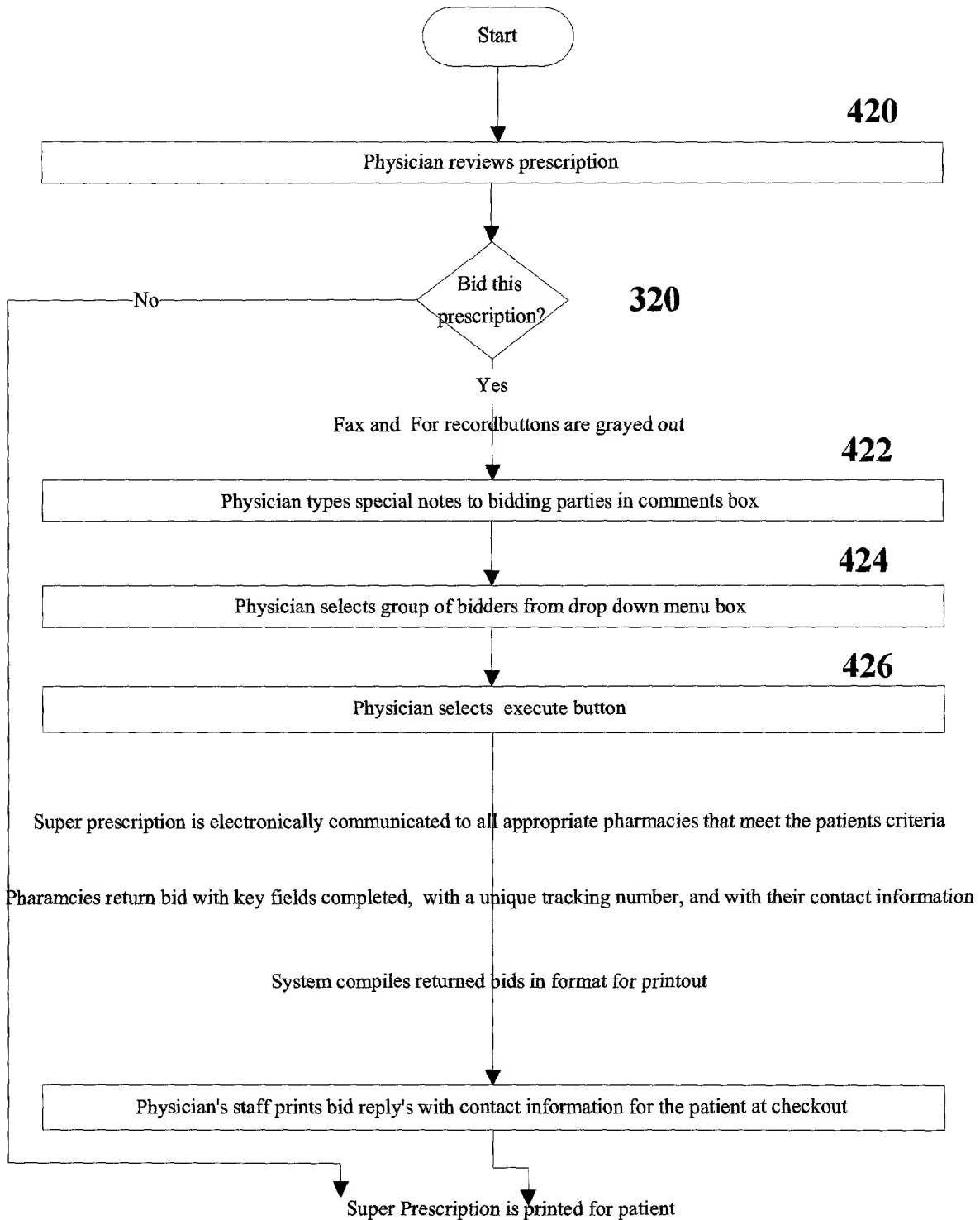


FIG. 9

00010168-00004

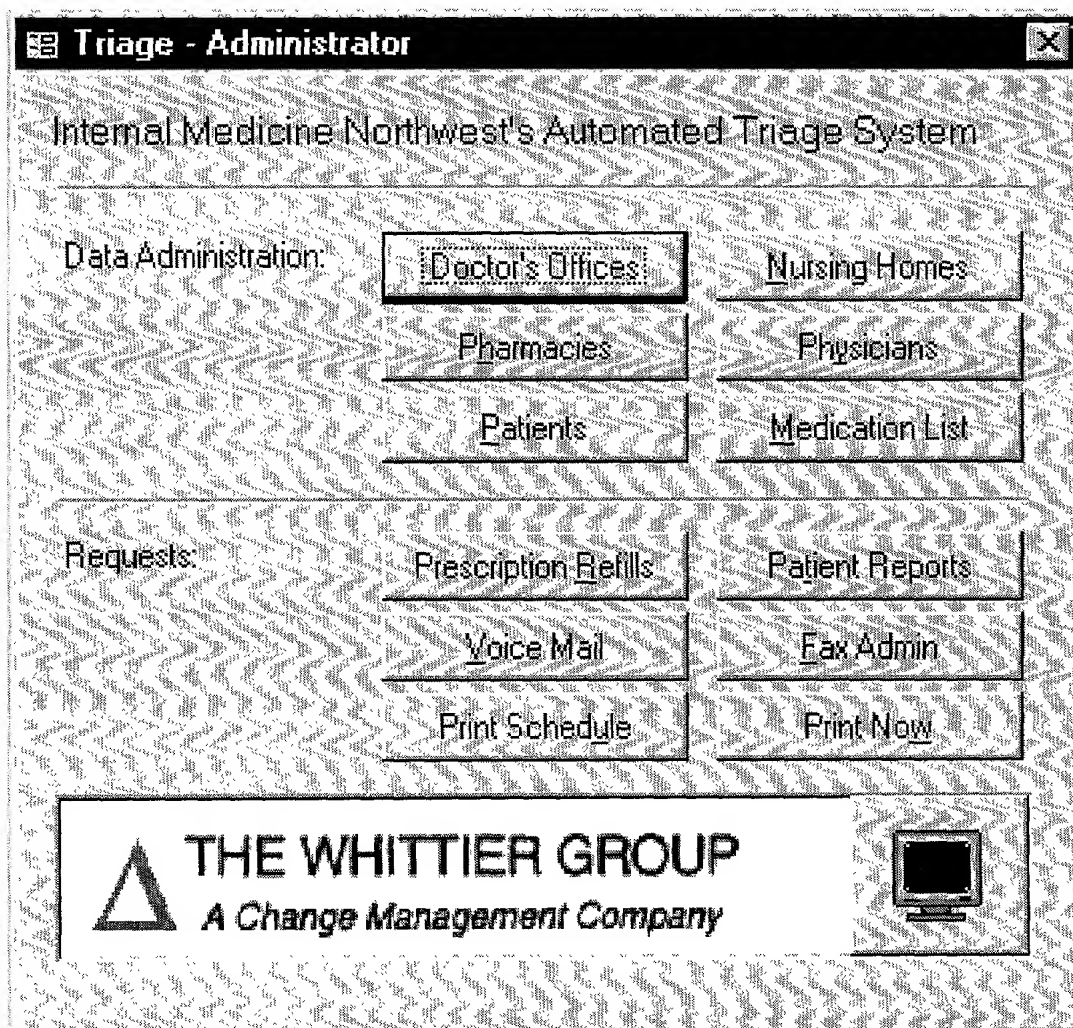


FIG. 10

(Details)

2000/09/13

10:29:11

EKG

Doctor's Office

CARDIAC STUDY CENTER

2535727320

2536270712

BASHORE,THELMA

305249199

Null

☒ Processed

Done

FIG. 11

Prescription Refill Request

(Details)

Confirmation Number	00001004
Date	1999/04/19
Time	23:56:09
Location	RiteAid Pacific
Phone Number	2534748500
Fax Number	2534740253
Social Security #	542185330
Patient Name	ALEXANDER, JANICE
wp#	
Medication and Dosage	2 MG \ CDUMADIN
Prescribing Physician	Benjamin, Sabrina
Quantity	100
Last Refill Date	1999/03/23

<input checked="" type="checkbox"/> Processed	<input type="checkbox"/> Fax Reply
Processing Staff: RF X 3 karen	
Date: 1999/04/20	Time 02:26:43
Comments: if x 3	
<input checked="" type="radio"/> Approved	
<input type="radio"/> Patient must schedule an appointment	
<input type="radio"/> Patient is not on this medication or medication is not appropriate	
<input type="radio"/> Our physicians do not treat this patient	
<input type="radio"/> We will call you in reference to this request	

Print

Done

FIG. 12

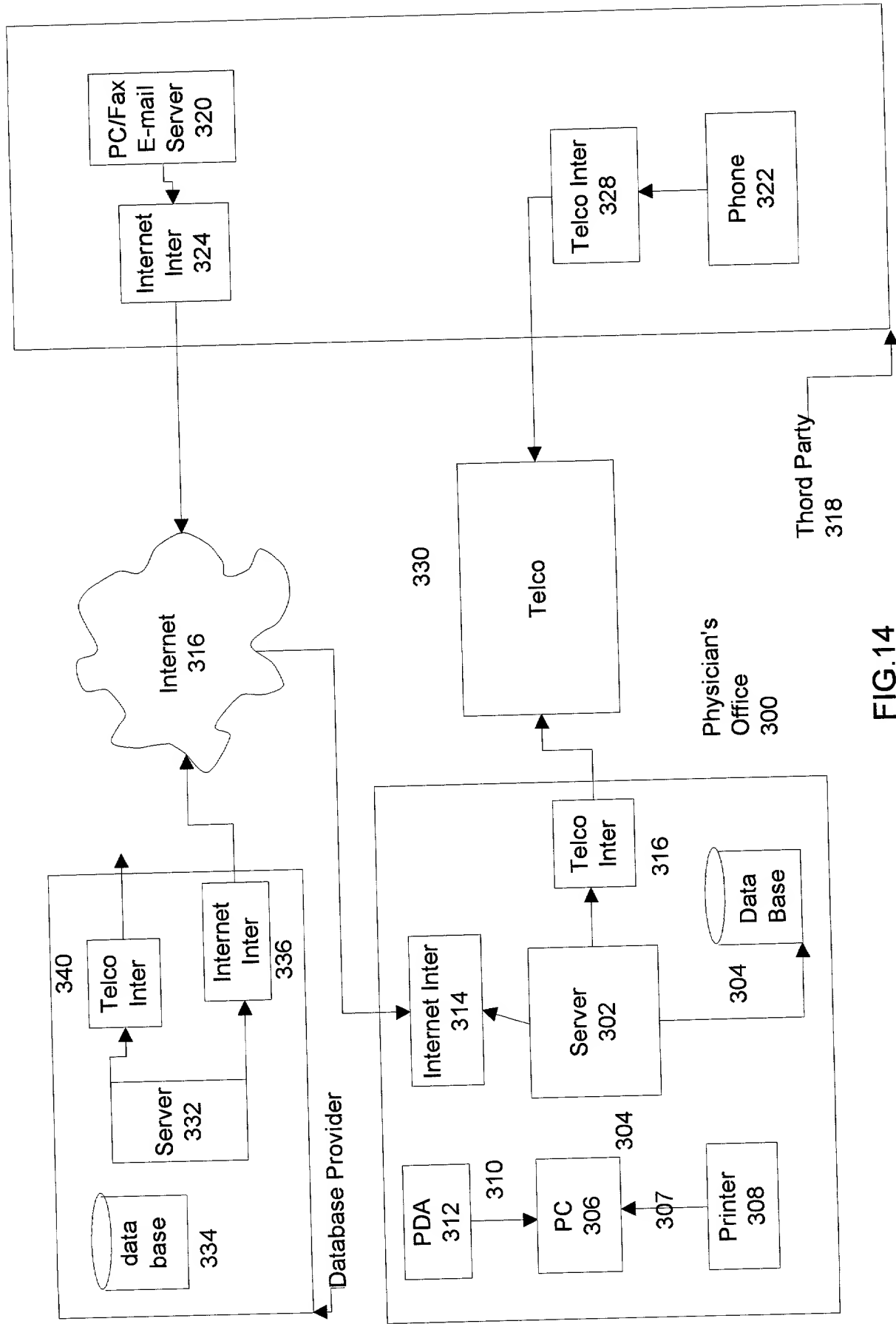


FIG.14